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ORIGINAL ARTICLES

A STUDY OF EMPYEMA OR PYOTHORAX*

JOHN W. KEEFE, M. D., F. A. C. S.

The presence of pus in the pleural cavity is frequently overlooked, and the advantages attending early evacuation are thus lost. While, in certain cases, its detection may be difficult, there is, nevertheless, a lack of investigating interest on the part of the profession at large.

Although the diagnosis of empyema of the pleural cavity is not considered difficult, and the treatment of this condition is looked upon so lightly by most surgeons as to be delegated to a subordinate, nevertheless it is an established fact that the mortality of this disease, even with surgical treatment, is extraordinarily high for this enlightened age. The cases of so-called recovery with a deformed chest, a displaced heart, or a curved spine, an impaired function of lung or diaphragm, make the word "recovery" a travesty.

Wilensky collected from the records of the Mt. Sinai Hospital, New York, 299 cases, with a mortality of 28 per cent. During the first year the mortality was 48 per cent., the second year 31 per cent., and the third year 41 per cent.

At the Babies' Hospital, New York, 73 per cent. under one year died, and 58 per cent. from one to two years of age. The most favorable period for recovery seems to be between the ages of three and ten years.

Various investigators place the mortality from 22 to 28 per cent.; and it is due in a large measure to the neglect of daily, careful physical examination; improper use of the aspirating needle; imperfect X-ray plates; dangerous general anesthesia; the routine resection of ribs in debilitated patients; the neglect of the proper after treatment, and the faulty location of the incision. We have observed two cases where in an endeavor to reach the lowest point in the left pleural cavity the peritoneal cavity was opened by mistake.

About 6 per cent. of the cases of pneumonia occurring in children later develop empyema. About one-third of cases of empyema occur during the first two years of life. Twenty-three per cent. of the cases die as a result of the primary illness.

Aspiration alone is not sufficient. Holt reports 139 cases treated by aspiration; 13 died; 101 were later subjected to other treatment. He states that "resection is necessary when good drainage cannot be secured by simple incision." With the operation of thoracotomy he had no trouble with the after treatment, although some of the patients were in a most precarious condition.

Empyema may be a complication of pneumonia, pleurisy, tuberculosis, lung abscess, and broken down tuberculous mediastinal glands. Perforation of the lung and external wounds have been known to eventuate in empyema. Not rarely a subphrenic abscess penetrates the diaphragm and causes pyothorax. Empyema has been a sequela of cholecystitis, septic pneumonia, appendicitis, pelvic disease, and bacteremia. Empyema occurring in the course of a general blood infection is extremely rare.

Empyema of the thorax is frequently metastatic, due to purulent foci, in different and distant regions of the body; usually the path of conveyance is by the blood stream.

Infection may travel through the lympathics, especially of the diaphragm, and infect the pleura by contiguity, so that one may find pus above and below the diaphragm separated by an intact wall. Aseptic, purulent exudates are uncommon.

The infecting organism in most cases is the pneumococcus. Other organisms frequently found are the streptococcus, tubercle, bacillus, colon bacillus, and the bacillus proteus vulgarus.

Weeks of London describes a case of empyema in which the infecting organism was the bacillus

*Read before The Providence Medical Association, February 5, 1917

in place by a safety pin, placed through the tubes between two layers of adhesive plaster applied to the chest.

This method of retaining the drainage tube is very satisfactory, as it prevents it from slipping out and also makes it impossible for it to slip into the pleural cavity, with the possibility of its being overlooked.

Drainage tubes left in this way have been on a number of occasions the cause of a chronic and persistently discharging sinus. On three occasions I have removed tubes which had been overlooked in the pleural cavity for months, and which were the cause of the failure of the wound to heal.

All cases with long standing suppurating sinuses leading into the pleural cavity should be X-rayed to exclude the possibility of the presence of a foreign body and to outline the abscess cavity.

Siphonage is used in some cases and is readily carried out by having a long rubber tube attached to the drainage tube and immersing the end of it, in a receptacle, with water flowing into it; this is accomplished by the use of a T glass tube. Suction should not be used at first, as it adds materially to the shock. The abrupt and complete evacuation of pus adds to the hazard of the operation.

Only a portion of the pus should be allowed to escape at the time of operation, as this precaution lessens the shock.

Irrigation is practically universally condemned and is a procedure attended with considerable danger. Billings reports a death resulting directly from this procedure, and other similar instances are cited elsewhere in the literature.

Numerous mechanical devices have been employd in an effort to secure adequate drainage, such as Wilson's irrigating tube; but the multiplicity of these bespeaks their inefficiency, and the concensus of opinion is that a properly inserted rubber drainage tube is the most satisfactory.

There is one fundamental and cardinal principle to be followed in the surgical treatment of chronic empyema, namely, perform no operation to obliterate a cavity until preliminary drainage has been established and the cavity drained for six or eight weeks, thus assuring, on the part of the patient, a maximum amount of resistance.

In regard to after treatment; there is little to be said, except that adequate drainage should be maintained and everything done to improve the patient's general condition and increase his resistance; out-of-door life and an abundance of good food, with tonics to improve the appetite. Breathing exercises are indicated, such as blowing into a bottle or blowing soap bubbles, are valuable aids in the after treatment.

All operations for the obliteration of a cavity fall into two main groups:—

1—Those designed to bring the thoracic wall to the collapsed lung (Estlander, Schede).

2—Those which aim to bring about the expansion of the collapsed lung (Fowler, Ranshoff, Delorme).

When we wish to determine the type of operation to be adopted in any given case, it is necessary to decide whether or not the lung is capable of expansion. The roentgenogram here plays an important part.

Estlander's operation consists in cutting away segments of several ribs and producing a collapse of the thoracic wall.

Schede's operation aims to remove completely the bony wall of a cavity, regardless of the number of ribs which must be removed to obtain this end. His operation has for its object both shrinkage and collapse.

Theoretically, the operations of Fowler, Ranshoff and Delorme, the purpose of which is to fill the empyema cavities from within, are ideal.

Fowler and Delorme, both, do a decortication operation by resecting several inches of ribs in the region of the cavity and removing some of the thickened parietal pleura.

Through this opening an attempt is made to strip off the visceral pleura from the part of the lung forming the inner wall of the cavity. The result is striking in the cases in which the lung expands.

The technique of Ranshoff resembles that of Fowler and Delorme, but differs from it in that the visceral pleura is not stripped off, but is incised in several places, with the idea that, in this way, the fibrous pleura is made more yielding and will eventually give way to the constant tendency of the lung to expand.

While these operations are theoretically ideal, they are often disappointing, and the stripping off of the pleura from the lung is attended with considerable danger, as free hemorrhage may

occur, serious enough to terminate the operation, and even if the hemorrhage should be slight, it may be the cause of later infection and subsequent encapsulation of pus.

In conclusion we would emphasize the following points:—

1—Empyema has not received the attention and investigation from internists and surgeons which its importance warrants.

2—The high mortality is a serious reflection on the medical profession, and is not in consonance with the modern spirit of investigation and scientific research.

3—This high mortality is due to:

(a) Failure to diagnose the condition early and promptly adopt surgical measures.

(b) Failure on the part of the surgeon to treat the case adequately; this being due to the selection of an unsuitable anesthetic and an improper operation for the particular case and lack of persistence in carrying out all the steps of the method adopted.

4—It is to be hoped that a greater and more truly scientific interest will be aroused in a subject which, although considered commonplace, is nevertheless of vital importance, and that this interest will result in an earnest endeavor to reduce the mortality of this condition by the selection of the most suitable anesthetic, by an early diagnosis and by adequate surgical treatment.

HOOKWORM DISEASE IN RHODE ISLAND.*

By Alex. M. Burgess, M. D.
and Percy D. Meader, Sc. M.

The occurrence of hookworm infection among people who may be considered as permanent residents of the State of Rhode Island is, in the judgment of the writers, of sufficient interest to justify a brief report. Of the cases of this disease previously observed in New England, almost all, so far as can be determined, have occurred in persons who had recently come from parts of the world where the parasite is known to be common. Of the eight patients mentioned in this report, however, four had lived in Providence for two years when the diagnosis was made, one had lived there for one year, and two had arrived very recently. The period of residence of the remaining patient, who lived in Bristol, was not determined, but is believed by his family physician to have been at least two years. He has since returned to Portugal. So far as the writers are aware no other cases have been found in Rhode Island.

From a standpoint of public health, the disease is of minor interest in New England, as the winter temperatures are sufficiently low to destroy all parasites outside the body. On this account, and because open privies and general ground pollution are not common, the disease does not tend to spread. The writers are aware, however, that more than one hundred permits for the use of privy and cesspool contents as fertilizer within city limits are granted yearly, at least one-third of these being granted to persons who might be infected with the disease. During the warm months there is a possibility of a slight spread of the disease in this way. The interest, however, is in the infected individual rather than in the community. Furthermore, a person harboring the parasite, as shown in some to the cases here reported, may come to this part of the world, and while not appreciably endangering the community, may continue to suffer from the disease in its typical form for a period of years, unless the diagnosis is made, and appropriate treatment instituted. The practicing physician, who is particularly concerned with the welfare of his individual patients, should therefore bear in mind the possibility of hookworm infection in all persons who have at any time resided in countries where the disease is common.

There can be no doubt that persons with the disease are constantly entering this State. The last report of the United States Commissioner General of Immigration states that in the year ending June 30, 1914, over nine thousand aliens were admitted to the port of Providence. During the following year, despite the decrease in immigration due to the European war, three thousand aliens admitted at Providence and other ports gave some point in Rhode Island as a prospective permanent address. The majority of the immigrants to this State in time of peace are Portugese, French, Italians, and Armenians. They sail principally from Marseilles, Naples, Gibraltar,

*Read before The Providence Medical Association, December 4, 1916.

Lisbon, and the Azores. Since they come from regions where hookworm disease is common, it is reasonable to suppose that the proportion of infected persons is not negligible. That these cases usually remain unrecognized is probably because practitioners in this region are not in the habit of suspecting hookworm on account of its non-occurrence in natives. While it is in general true that the disease is very rare in New England, it is safe to say that if the actual number of cases existing within the boundaries of this State could be revealed, it would be found to be surprisingly large.

A description of the clinical aspect of hookworm disease is out of place in a report of this nature, and is accurately presented in the text books. The main features are anaemia, emaciation, under-development, and an increased susceptibility to other infections, especially tuberculosis. The blood shows an eosinophilia of moderate or high grade, and the diagnosis is established by the discovery of the ova or embryos discharged in the feces. The adult worms, sometimes in large numbers, attach themselves to the mucosa of the small intestine and duodenum, and the ova are continually discharged in the feces. The prevention of soil pollution by infected feces is the principal means of preventing the spread of the disease in the southern United States. This is important because the parasite very frequently gains entrance to the body by burrowing through the skin of the feet, especially between the toes, producing the well known "ground itch." The journey of the embryos from the feet to the small intestines is rather long. They enter the capillaries and are carried to the heart and thence to the lungs, where they penetrate the alveoli, crawl into the bronchi, and eventually out of the larynx into the pharynx, where they are swallowed. The embryo goes through part of its life cycle during this journey. Often, of course, the infection is brought about directly by infected food. The disease is very fully discussed by Ferrell in a recent admirable article in which he takes up its occurrence, clinical and biological features, and treatment.

Report of Cases in Brief.

Three of the cases mentioned in this report are included by courtesy of Dr. Richardson of the Providence City Hospital, and Drs. F. L. Day and H. A. Cooke of the Rhode Island Hospital visiting staff, on whose services they occurred. The other five cases came in the practice of one of the writers, and were all members of an Italian family. All but one had lived two years in Providence.

This family consisted of the mother, aged 52, five sons and three daughters, and the wife and three small children of the eldest son. The father and another son remained in Brazil. The eldest son, Angelo, aged 30, and his family arrived in this country from Brazil one year before he came under our observation. The other members of the family immigrated from Brazil two years previous to our acquaintance with them. All had resided there since 1909, at which time they left Italy. The sons, the youngest of whom was nineteen years old, were weavers employed in the Atlantic Mills in Olneyville. The two older daughters were also employed in the mills, and the youngest, aged thirteen years, attended school. They lived in the Federal Hill district.

The oldest son, Angelo, was first seen professionally on March 27, 1915. He was apparently recovering from a slight failure of cardiac compensation, and gave a history of forty days recently spent in the Rhode Island Hospital with a diagnosis of pneumonia and bronchitis. A routine blood count at this time disclosed an eosinophilia of 23%, and a specimen of feces was requested. As the specimen was not saved, in spite of repeated requests, the question of intestinal parasites was for the time being forgotten, and it was not until just three months later, when called to see the youngest son, Pasquale, who complained of persistent abdominal pain and tenderness, that the suspicion of hookworm infection was entertained. At this time, having in mind the evident anaemia and asthenic habitus of several members of the family, the recent residence in Brazil, and the previous high eosinophile count of the oldest son, it was strongly suspected that the whole family might be infected with the hookworm. A specimen of feces from Pasquale confirmed the diagnosis in his case by showing living uncinaria embryos and ova.

A systematic examination of the entire family was undertaken at once, with the results which are tabulated below. With the exception of the

mother and the wife of the oldest son, all were of slender build, and several were markedly anaemic. It seemed not improbable that all might have suffered previously from uncinariasis, and the examination of the feces and blood were made to determine what individuals were at the time infected with the parasite.

A brief description of each infected individual follows:

1. Angelo; the oldest, 30 years old, fairly intelligent, medium height, slender, asthenic build, weight 122, moderately anaemic. Treated for cardiac decompensation, and later sub-acute bronchitis before the discovery of the intestinal infection. Appetite very poor. No intestinal symptoms.

2. Giuseppe; 21 years, slightly above medium height, thin (weight not known). He is bright and intelligent. Apparently not anaemic. No symptoms whatever.

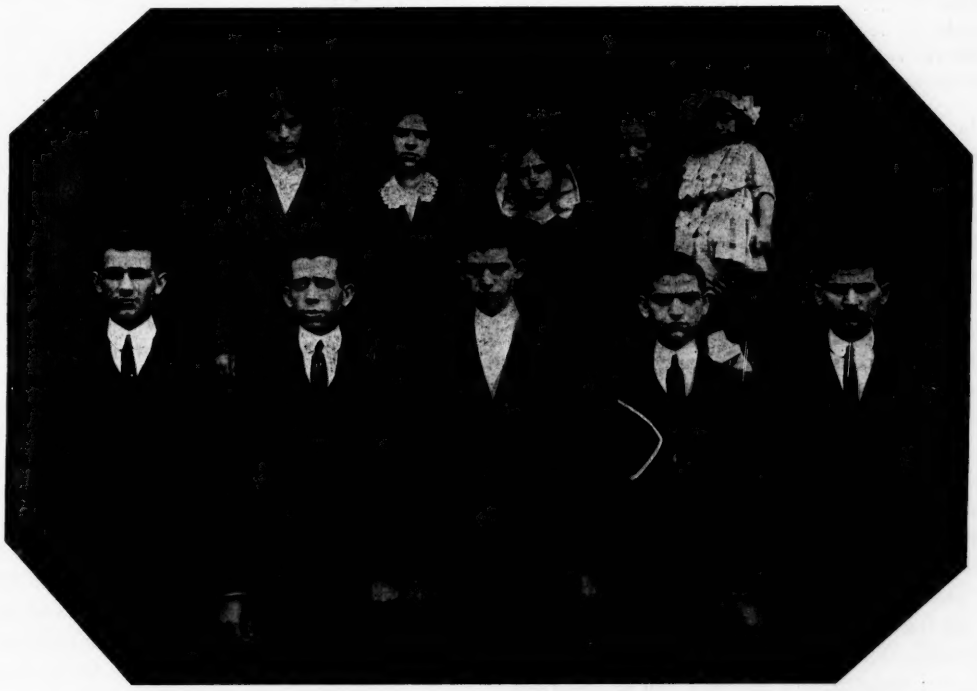
3. Gregorio; 20 years, medium height. thin, very anaemic, with yellow tinge to skin. He is, however, bright, intelligent and strong. He complained of no symptoms.

4. Carmela; 17 years, a tall, rather emaciated girl. No symptoms.

5. Pasquale; 19 years, tall and very thin. Height, 5 feet 11½ inches. Weight, 108 pounds. Appears to be somewhat sluggish mentally. Habitus markedly aesthenic. Axillary hair scant. Pubic hair bounded above by a horizontal line. Chief complaint, persistent pain and tenderness in right flank.

All the non-infected members of the family seemed well developed, bright, intelligent, and not anaemic.

The following table gives the result of the preliminary examinations of blood and feces made to determine the presence of the infection:



M——FAMILY

*Carmela Rosina Mary Mother Lucia
*Giuseppe Pietro *Pasquale *Gregorio *Angelo
*Infected with Hookworm

TABLE I.

Preliminary examinations July 1 and 2, 1915

Name.	Eosinophile count.	Hookworm ova.	Other parasites.
Carmela	26%	+	+
Pietro	9%	—	—
Lucia	3½%	—	—
Mary	8½%	—	—
Mother	8%	—	—
Lina	7%	—	—

Gregorio	23½%	+	+
Michelina	3%	—	—
Giuseppe	....	+	—
Rosina	16½%	—	—
Josè	22%	—	—
Pasquale	22%	+	+
Angelo	9%	+	—

TABLE II.

Further examination on day of treatment, July 11, 1915.

Name.	Eosinophile count.	Hookworm ova.	Other parasites.
Carmela	....	+	+
Mary	6½%	..	..
Mother	5%	..	..
Gregorio	....	+	+
Giuseppe	....	+	..
Pasquale	14½%	—	+
Angelo	15%	..	..

TREATMENT.

The treatment carried out was that recommended by Ferrell. In the evening before the day of treatment very little supper was allowed, and one ounce of Mg SO_4 was given. The following morning, as soon as the bowels had acted, thymol (20 grains) and an equal amount of lactose, was given in capsules. The patient was directed to lie for a half hour on his right side to facilitate the passage of the drug into the small intestine. Two hours after the first dose of thymol, a second of 30 grains was administered, and the patient again directed to lie on his right side. Two hours after this dose of thymol, a second ounce of Mg SO_4 was given. No food except a little water or strong coffee was allowed until the second dose of salts had acted.

The first dose of Mg SO_4 is given to clear from the small intestine all mucus that may protect the parasites. The second dose of Mg SO_4 clears away the toxic thymol before it can be absorbed, and takes with it the paralyzed parasites which have let go their hold on the intestinal wall. All feces were saved and strained through gauze to recover the adult worms.

TABLE III.

Treatment of the five infected patients gave the following data:

	Adult hookworms.
Carmela	1
Gregorio	122
Giuseppe	54
Pasquale	13
Angelo	108

Except for temporary weakness on the day of treatment, no unpleasant symptoms followed. The following examinations were made at intervals to test the efficiency of the treatment:

TABLE IV.

Examinations to test efficiency of thymol treatment,

	July 21, 1915	Sept. 21, 1915	Dec. 30, 1915	Feb. 9, 1916
Carmela:				
Hookworm ova	—	—	..	—
Other parasites	+	+	..	—
Gregorio:				
Hookworm ova	—	—	..	..
Other parasites	—	—	..	..
Giuseppe:				
Hookworm ova	—	—	..	..
Other parasites	—	+	..	..
Pasquale:				
Hookworm ova	—	—	..	—
Other parasites	+	+	..	+
Angelo:				
Hookworm ova	..	—	—	—
Other parasites	..	—	—	—

Subsequent history of the infected members of the family:

Angelo, in October, 1915, was sent to the City Hospital because of continued loss of weight, anorexia, slight cough, and a few dry rales heard over the apex of the upper lobe of the right lung. While there no tubercle bacilli were found in his sputum, a few were reported as present in his feces. When last seen, in January, 1916, he was suffering from a recrudescence of his former respiratory infection, and his condition was very unsatisfactory.*

Pasquale, during the summer of 1915, had his appendix removed at St. Joseph's Hospital. Unfortunately, the specimen was not preserved, and the question of a possible hookworm infection of the appendix could not be decided. On January 13, 1916, he had a moderate hemoptysis, and when last seen, January 18, 1916, was apparently suffering from an active pulmonary tuberculosis.

Carmela, Giuseppe, and Gregorio remained in good health up to January 18, 1916, when they were last seen. Gregorio gave the best results from the hookworm treatment. His color improved considerably, and he stated that he felt very much better.

As the other two had not shown any definite symptoms of their infection, the effect from the treatment was, of course, not striking.

In January, 1916, the family moved to another

*NOTE: It has since been learned that the patient has died

part of the city, and as they were apparently dissatisfied with the course of events, it is supposed that they sought the services of another physician.

REPORT OF THREE ADDITIONAL CASES.

1. M. B.; Italian laborer, age 23. Brought from Carney Hospital by United States Immigration authorities. Entered Providence City Hospital October 16, 1914. No symptoms. Physical examination negative. Blood examination shows eosinophilia of 26%. Stool examination shows ova of Necator Americanus (New World type of hookworm), and Tricicephalus Dispar (Whipworm).

Thymol was given every third day for one month before stools became free of ova.

Discharged December 1, 1914.

2. J. G., Italian, shoemaker. Admitted to Rhode Island Hospital service of Dr. Frank L. Day, April 24, 1916.

Physical examination shows indefinite pulmonary signs, slight modification of respiration, and a few rales over base of one lung. Patient's temperature, pulse and respirations were elevated for ten days.

Blood examination:

April 25 .....Leucocytes 23,200
May 1 .....Leucocytes 27,200

Differential count:

Polynuclear leucocytes 57%
Small mononuclear leucocytes 15%
Large mononuclear leucocytes 13%
Eosinophiles 12%

Widal negative. No malarial parasites.

The high eosinophile count occurring in the course of a respiratory infection, apparently a pneumonia, in which eosinophiles are usually absent, led to a stool examination.

Stool examination on May 9 showed the presence of ova of Ascaris lumbricoides, Tricocephalus dispar and Necator Americanus.

Thymol treatment was carried out, but no parasites except one adult ascaris were recovered in the feces. Because of the complete recovery of the patient from his respiratory infection, he was discharged to the out-patient department, to which, however, he never returned. Inquiry revealed the fact that he had gone to Portugal. The time of his residence in Rhode Island was never determined, but in the opinion of his doctor it exceeded two years.

3. J. F., young adult white man, age unknown, was admitted to the Rhode Island Hospital August 17, 1916. Birthplace, time of residence in the United States and other essential facts could not be determined, as the patient spoke no English, and no interpreter could be found who could understand him. His temperature on the day of entrance was 104 degrees. Two specimens of feces examined during the first week showed uncinaria ova. The blood contained 4 per cent. eosinophiles.

After one week definite meningeal symptoms developed, meningococci were found in the spinal fluid, and thirty days after entrance the patient died. No autopsy was permitted.

Because of the severity of the meningeal symptoms, treatment for the hookworm infection was not carried out.

SUMMARY.

Eight cases of uncinariasis (New World type) are reported in the city of Providence. Attention is called to the probability of there being many unrecognized cases in the State. It is noted that five of the patients may be considered permanent residents of Providence, four having lived in the city two years, and the fifth, one year previous to the time when the diagnosis was made. The routine application of thymol has proved effective in these cases.

GYNAECOLOGY AS A SPECIALTY.

Annual Address of the Retiring President of St. Joseph's Hospital Staff Association.

By WALTER G. SULLIVAN, M. D.,
Providence, R. I.

A precedent established by my predecessor and a custom which seems worthy of consideration and continuation by successive Presidents of this association, demands that I occupy some small part of your time with an address.

I wish in the beginning to thank the members of this association for having made me their President for the past year, and I hope that my feeble efforts during that time have justified the confidence you reposed in me. I have chosen to say a few words on "Gynaecology as a Specialty."

Gynaecology is described as a science which treats of the female constitution, and particularly

of the diseases and injuries of the female genitalia. This means not the destruction nor the distortion of the female genitals, but their conservation, where possible, and the retention of the procreative organs of womanhood. Like all specialties, it is the evolution of another and special department of general scientific medicine, which owes its existence to the diligent cultivation and simplification of etiology, diagnosis, and treatment.

From a modest beginning as an associate specialty coupled with diseases of children and obstetrics, it has grown by its own advancement and improvement and the development and discoveries of its workers to the place of a major surgical specialty.

When paediatrics received its just consideration from the workers in that specialty, and when diseases of children began to be investigated and their problems in medicine, in distinction to diseases occurring in the adult, began to be unraveled and the very large and important subject of infant feeding began to receive its proper consideration, diseases of children became, and rightly, a distinct specialty, and the association heretofore existing between this specialty and gynaecology became dissolved. The very emergency nature of obstretic work with its conflicting and uncertain time naturally weakened the link connecting this specialty with that of gynaecology. However, these two departments of medicine cannot be entirely separate, for the genaecologist must often begin where the obstetrician leaves off, for the gynaecologist must always be properly equipped to meet the issues in pathological pregnancies and labor.

In a review of the early history of American gynaecology one may be forgiven for mentioning with a great amount of pride the accomplishments of the early workers in this specialty. Their remarkable strength of character; their investigative genius and their surgical acumen were admirable, impressive and in many cases quite conclusive. Such illustrious names as Ephraim McDowell, whom you all know performed the first successful ovariotomy in 1809 and led the way for future successful abdominal work; of Kimball of Lowell, who in 1855 removed uterine fibroids by the abdominal route and was attempting to justify and popularize the operation of Edmond Peasley, who first used the drainage tube in operations for ovariotomy in the presence of sepsis, are ever an inspiration for workers in this specialty.

The monumental work and marvelous ingenuity of Marion Sims, particularly in the operative treatment of vesico-vaginal fistulae, marks an all important milestone in the development of the gynaecological specialty. His invention of the duck-bill speculum has made his name revered and renowned the world over. His part in the establishment of the first hospital in this country exclusively for the treatment of the diseases of women was an all important event in establishing gynaecology as a specialty. He also performed the first cholecystotomy. His prodigious mentality and great activity, coupled with wonderful operative skill, have gained for him the concession of the Father of Gynaecology.

The name of Thomas Addis Emmett will always remain one of the shining lights of this specialty. His wonderful mechanical ingenuity, inventive genius, marvelous patience, together with his expert operative skill gave to us the plastic operations for the cure of rectocele, cystocele, recto-vaginal fistulae, for lacerations and prolapse of the urethra and lacerated cervix. His invention of almost all instruments used in plastic work and his elaboration of surgical technic has brought joy and happiness to womanhood in his more than forty-five years of active gynaecological work. He demonstrated the fact that the strength of the perinaeum, as a pelvic support, depends upon the integrity of the levator ani muscles and their fasciae. He was the undoubted master in plastic surgery.

The frequency of pelvic lesions in women who had contracted gonorrhoea, and the intractability of cure, together with its widespread existence, its destruction of tissue, and infectiousness as pointed out by W. E. Noeggarath about 1870, denotes one of the important advances made in this specialty. In 1882 J. Collins Warren performed the first successful operation for complete tear of the perinaeum, pointing out the importance of approximating the torn edges of the sphincter ani muscle. This is but an incomplete account of a few men whose extraordinary skill and whose definite and undeniably brilliant results have brought luster and fame to this specialty.

Later years have not denied us our full quota,

of famous men whose deeds and talents have stamped them leaders in their chosen specialty. Such names as Kelly, Dudley, Thomas, Hodge, Mundé, and many others have ever been illustrious in this specialty.

To many members of the medical profession gynaecology may still suggest the use of medicated tampons, the use of pessaries, and the use of tincture of iodine. "They are loath to understand that the surgical procedures dealing with gynaecology are on just as sound and stable a basis as is surgery of other parts of the body." Insufficient teaching due in part to inherent delicacy when dealing with diseases of the female genitalia has retarded the progress of gynaecology to a marked extent. But in the era before asepsis larger amounts of perineal and pelvic surgery were performed than surgery anywhere else in the body, and this was possible because of the anatomical situation of the parts, their very great resistance and their ease of drainage, so thus the risk was less and the mortality lower than in other deeper and less resistent parts.

We would be remiss indeed not to give due credit to bacteriology and pathology for their powerful aid in unravelling the mysteries and intricacies of gynaecology and gynaecological treatment. Hypotheses and systems do not interest the average medical man; it is the positive, the real that appeals to his mind. Deeds well done, facts accurately stated, actions taken in accordance with what is known, make for an intelligent understanding of our specialty.

Probably no other branch of medicine has made greater progress than gynaecology, and this progress has kept pace with the progress made in other branches of the medical sciences. And this progress has placed certain burdens and responsibilities on the workers in this specialty which they must be qualified to meet.

The gynaecologist must be fully acquainted with the intricacies of the female pelvis, with its anatomy, its physiology, its pathology, and with the diagnosis and treatment of its particular diseases. His knowledge of tubal and ovarian diseases must be so accurate that in those selected cases he is enabled to perform conservative rather than destructive operations.

He should be possessed of such keen insight and of such acute perception as to recognize with a marked degree of accuracy the cause of uterine hemorrhage, within a short space of time. His training in the school of experience should be such that he is ever aware of the uselessness of a perineal operation alone when dealing with prolapsus uteri, and that failure will almost surely follow if he does not at the same time shorten the round or utero-sacral ligaments.

The gynaecologist's consideration and study of his cases preoperatively, as well as the study of when, why and how to operate, is an all important and frequently neglected matter. This fact should be given due consideration without the possibility of fatal delays.

He should be possessed of uncommon knowledge in correlating his history findings, and his physical examination should be highly developed to make his best diagnosis. For a logical diagnosis is a paramount necessity for correct treatment and prognosis.

In gynaecological surgery, at its present stage of development, probably no more important matter is before us than the prevention and treatment of cancer of the uterus. Our only hope at the present time for anything like a cure of this dreaded disease is the employment of early and complete operation. While the discovery of the etiology of this dreaded malady is much to be desired, and will probably have to be found before its mysteries are unravelled, yet we should be unremitting in our endeavor to use the best weapons at hand for combatting this scourge and of educating the medical profession and the laity to its earliest symptoms and recognition.

The gynaecological surgeon should be cautious in invading infectious areas, delaying with advantage, when less skillful and less experienced plunge into surgical operations. From careful study he should thoroughly understand the forces maintaining the position of the uterus, and the employment of the proper operations for the cure of displacements of this organ. He should be able to recognize the early and intense peritonitis and gangrene which occurs in and about a cyst with a twisted pedicle and equipped to operate forthwith for its relief. A great many more problems are presented to the gynaecologist for their solution, such as the prevention and treatment of general peritonitis, the study of tubercular peritonitis, and carcinosis of the ovaries and intestines.

I would not have you understand from the

above remarks that those were the only accomplishments the gynaecological surgeon should possess. I am of the opinion that when he has the abdomen open he should search for and be able to cope with pathological conditions which may exist in the gall bladder, and duct diseases, lesions of the stomach, kidneys and intestines.

Notwithstanding the fact that gynaecology has suffered several attempts at its extinction, and that even some of its older and most enthusiastic adherents feared that its problems would be solved, and that there was nothing more to be learned in this specialty, and that its future was merely the application of known facts, yet it has ever been forging to the front, and has gained distinction and prestige as a major surgical specialty.

For many of the facts contained in this discourse, and for some of the context, I am indebted to the following men, whose permission I have pre-empted, but to whom I wish to take this occasion to acknowledge my indebtedness and gratitude:

Lott. Journal of Obstetrics, and Diseases of Women and Children, July, 1916.

Goldstone. New York Medical Journal, February 26, 1916.

Abrams. Journal of Obstetrics and Diseases of Women and Children, April, 1914.

Bouvée. Surgery, Gynaecology and Obstetrics, September, 1916.

Cullen. American Journal of Obstetrics and Diseases of Women and Children, January, 1916.

Fullerton. Journal of Obstetrics and Diseases of Women and Children, June, 1915.

CLINICAL DEPARTMENT

CASE OF TUBERCULOUS MENINGITIS

From the Medical Clinic of St. Joseph's Hospital
(Service of Dr. J. T. Ward)

By Harry S. Bernstein, M. D.,
Consulting Pathologist,
Providence, R. I.

On October 15, 1916, a school-girl, fourteen years of age, was admitted to the medical service. The relevant points of the history, which were elicited from the mother, are as follows: The father died at the age of 56 from Bright's disease and lung trouble. One sister, aged 19, is feeble minded. The past history of the patient includes an attack of whooping-cough when eleven months old, measles at two years, chicken-pox at five, diphtheria at eight, and bronchitis at thirteen. Prior to the present illness the patient has had no cough or any acute infection. Ten days before admission to the hospital she complained of a feeling of weakness and drowsiness. Weakness of the limbs was marked. Two days later she took to her bed, complaining of headache. That evening she vomited for the first time. The vomiting has continued. A mild diarrhoea has also intervened. Incontinence of urine and feces then followed. The drowsiness gradually merged into a stupor. At times the patient could be aroused. A motion of her head was then her only response to questions.

On entrance, the patient was in coma. Physical examination by Dr. Belliotti revealed a well developed and well nourished girl. The pupils reacted to light. The right pupil was larger than the left. The neck was somewhat rigid. The heart and lungs were apparently negative. The abdomen showed slight rigidity. The legs were spastic. The patellar reflexes were exaggerated. The Babinski, Kernig, and Oppenheim signs were absent. The patient was very restless and moved her limbs in spasmodic flexures. Large quantities of urine were voided involuntarily. There was no response to any calling.

Temperature 101 (per rectum), pulse 88, respiration 27.

The temperature remained elevated at about 100°. The comatose condition was unchanged. The patellar reflexes continued exaggerated. Restlessness and tossing about in the bed became more marked. The spasticity of her limbs which was apparent on entrance diminished. The heart action grew weaker and the breathing became shallow. The systolic blood pressure fell from 120 to 90 within five hours. Death ensued on October 18th, three days after her admission to the hospital and thirteen days after the onset of the disease.

The white blood count, taken on October 16th, was 19,200. The polymorphonuclear leucocytes numbered 85 per cent. and lymphocytes 12 per cent. The urinalysis was as follows: Specific gravity, 1020; reaction, acid; albumen, slight trace present. Sugar, acetone, and diacetic acid absent. Microscopic examination, negative save for red blood cells.

It is obvious that the clinical signs point toward an infectious lesion of the cerebro-spinal axis.

The relatively sudden onset, the moderately elevated temperature, the muscular weakness, the drowsiness changing to stupor, vomiting, rigidity of the neck, and the exaggerated deep reflexes—all these strongly suggest an infectious meningitis, probably tuberculous. In the differential diagnosis, poliomyelitis must be seriously considered; for during this time, the epidemic of infantile paralysis, although on the wane, was still prevalent in Providence. Cases of poliomyelitis with deep stupor form a well defined clinical entity as a result of which the terms "cerebral," "encephalitic," and "bulbospinal" have appeared in the nomenclature. In the case under consideration, the mode of onset including a gastro-enteric disturbance is consistent with that of poliomyelitis.

Harbitz and Scheel describe a case of acute encephalitis in a man thirty-nine years old. The leading symptoms were headache, fever, stiffness of the neck, vomiting, increased patellar reflexes, convulsions, and unconsciousness. At autopsy lesions were found on the right temporal lobe, the gyrus fornicatus on both sides, the cerebral ganglia, and medulla. In the spinal cord there was meningeal involvement, and definite inflammation in the anterior horns of the cervical region. Microscopically the lesions resembled those of acute poliomyelitis. The clinical differentiation between acute poliomyelitis of the type illustrated and tuberculous meningitis is almost impossible.

On October 17th, lumbar puncture was performed by Dr. McDonald. A clear fluid was obtained under a very moderate pressure. Consequently infection due to the pyogenic organisms such as meningococcus, the pneumococcus, the streptococcus, and influenza bacillus could readily be excluded. It is noteworthy that at no time did a fibrin clot separate out in the cerebro-spinal fluid which was thus obtained. Examination of the spinal fluid on the twelfth day of the disease yielded the following results: "The butyric acid reaction was strongly positive. Smears from the centrifugalized sediment showed an increased number of lymphocytes. Persistent search revealed no tubercle bacilli. Fehling's solution was not reduced." Of the above laboratory findings, the presence of globulin, the lymphocytosis, and the absence of a copper reducing substance point toward tuberculosis. Nevertheless, the presence of globulin and of a lymphocytosis and the apparent failure to observe tubercle bacilli in the sediment are consistent with poliomyelitis. It is to be recalled, however, that tubercle bacilli may be so few in number as to escape detection; and that spinal fluids in tuberculous meningitis usually yield a fibrin clot, even though clear upon withdrawal.

To determine definitely the character of the infection, two guinea-pigs were inoculated subcutaneously with the centrifugalized sediment of the spinal fluid. One animal died thirteen days after the injection. There were neither gross nor microscopic lesions of tuberculosis present, as insufficient time had elapsed to permit of their development. The other guinea-pig was killed thirty-five days after the injection. Diffuse tuberculosis of the lymph-glands, spleen and the liver were present. Moreover, tubercle bacilli were recovered from a caseous lymph-node. Accordingly the positive guinea-pig inoculation-test proved the decisive laboratory finding.

This case has been presented to indicate the difficulty in distinguishing tuberculous meningitis from acute poliomyelitis with upper neurone lesions and to emphasize the importance of collective laboratory data.

A REMINISCENT AND EXHIBITIVE INTERLUDE IN FEET.

By William R. White, M. D.
Providence, R. I.

(CONCLUDED)

Again in memory's realm I reach
A man who has done much to teach
Us all the latest, finest arts
In diagnosing unfit hearts.

I'm sure you know quite well that he
Is Doctor Fulton, just Frank B.
He opened up some bovine hearts
To demonstrate the inside parts;
And showed us many structures small,
The names of which I can't recall.

To him their functions were quite clear,
'Twas good for us his words to hear.
One thing he showed I'm sure was this,
The "bundle" named by Doctor His.

Oft Doctor Garvin takes the stand
To urge his single tax on land.
He would not tax what man has made,
A house, an auto, plough, or spade,
But puts the whole tax on the sod
Which, owned by man, was made by God.

The brightest thing that I recall,
The flash of wit amidst them all,
The scintillating, keenest gem,
By word of mouth, and not by pen,
Was spoken, I am glad to say,
By Doctor Burge, same William J.

In fifty years as accoucheur
He nothing found to him deter
From using for relief of pains
Pure chloroform if mixed with brains.

The family doctor, where is he?
Most likely where he has to be,
And while a few cling to the name
Their hold on things is not the same.

Our Doctor Mowry says that he
A guiding post has come to be
To help his clients to decide
What specialist had best be tried.

And usually it so works out
That he the case ne'er hears about,
And figures out, at his own cost,
Another paying patient lost.

But do not be a misanthrope;
Keep up your courage and the hope
That just before of doom the crack
The family doctor will come back.
Or if perchance his stock should boom
He'll not await the crack of doom.

As I again on these things dwell
'Tis my regret that I must tell
Of one who's hardly said a word
Of any value to be heard.

Of all these things just brought to light
There nothing was from Doctor White.
But long's the lane that has no turn,
I'm here at last, as you will learn.

If patiently you wait on me
As you've been told, you'll something see;
Though as compared with greater things
It's little that the writer brings.

Canto 3.

This word of mine may bring relief
That what comes next is rather brief.

A doctor's assets, what are they?
Something rather hard to say.
What he uses, wears, and eats
About the average list completes.

And when he dies we're apt to find
He precious little leaves behind.
Perhaps some instruments and pills;
A ledger full of doubtful bills.
A life insurance, blessed way
To keep the wolf from door away.

A list of deeds not writ with pen
Recorded in the hearts of men.
No lines in which the world had read
The life of sacrifice he'd led.

The doctor has a lot of stuff
Of which one tenth would be enough.
I mean what every now and then
Is handed in by detail men,

In form of samples of all kinds.
The giver also us reminds
That he's the one to show the way
To cure disease and make it pay.

All this you hardly need be told,
Your shelves and drawers just such things hold.
But now to you I'll show a way
Of using something, stowed away.

Among your treasures, if you please,
Just bring to light a bunch of these.
And what they are you full well know,
They came with cans of antiphlo,
That grayish balm that surely cures
Each ill that man on earth endures.
And first of all you will observe
The metal has a graceful curve.
So lay it down, with one good swat,
You make the surface plainly flat.
Then at right angle you it bend,
Three inches from the smaller end.
With second one you do the same,
But do not bend, just cut in twain.
From all of this two sections come,
It's up to you to make them one.
The next step is to them unite
By rivets two, both strong and light.
Your work is done, how short the time,
The riveting cost just a dime.
As you through me the problem solve,
An instrument you do evolve.
Its application you may guess;
With it the tongue you will depress;
You've made yourself the proud possessor
Of Doctor White's new Tongue Depressor.

The value of this slick device
You'll find on using, once or twice.
It's light, it's strong, observe it well,
Its merits their own story tell.

It's surface being clean and bright,
It admirably reflects the light.
I do not need to you advise
As how you will it sterilize.
Just boil it, bake it, soak it too,
By method seeming best to you.
If in the oven with the bread;
Or in the dinner pot, instead;
You can not do it any harm,
Endurance is its chiefest charm.

Its shape is right, just notice it,
To serve its purpose, wholly fit.
Deride it not, my skeptic brother;
Try it once, you'll use no other.

And if you wish to spread my fame,
In using it just speak my name;
And if my income you'd enlarge
An extra dollar you will charge.
Then later please remember it
When we arrange the fee to split.
At fifty fifty, don't you see?
Or half for you and half for me.
It took great brain to thus invent,
And greater nerve it to present.
You little know the wear and tear,
The sleepless nights and loss of hair,
By which I've made my statement true
That I would something show to you.
I'd greatly like to pass it round,
But have a feeling most profound
That one who got it in his hand
Would it retain as contraband.

By one and all it may be seen
At office number seven Green.
Directions will explicit be,
My price the usual office fee.
I'll send you one with compliments
And likewise bill for fifty cents.

I see some here who would not rest,
But think the joke the very best,
If they could get for no return
What caused me midnight oil to burn.
Just let them keep this fact in mind,
A duplicate no man can find.
But later on—perhaps that I
To all the world will it supply.

CANTO 4, AND LAST.

Mr. President:—
Perhaps of this you're getting tired
And think that I had best be fired.
Just send right out and fetch a cop
And then I'll surely have to stop;
But as yon door he drags me through
I'll wave my final "Sir to you."

I trust this medley of nonsense
Has given none of you offense.
Did I at you some arrows send?
They friendly were and from a friend.
And truly I can't o'er you gloat,
I've made myself the biggest goat.

It really was my chief idea
In making myself thus appear,
To make this meeting livelier seem,
The first of nineteen seventeen.

I hope you've heeded well my song,
It won't be published, it's too long.
But this of it may well be said,
If published it would all be read.

What name you'll give to it and me
By me unknown will doubtless be.
Perchance of me you this may ask,
How I would nominate my task.

Did I a poem try to write?
My fancy dared take no such flight.
A poem's deep and sinks within,
My lines are light and very thin.

A jingle jingle like a bell
That does no lasting story tell,
But simply fills a little time,
One's ear to catch with tripping rhyme.

A poem stirs the hearts of men
Who read it once and oft again.
One's soul it may and does inspire
As one sits musing by one's fire.

Enough like mine to fill a book
Would not amount to Hannah Cook.
What am I then, to ask is well,
A singing ryhmester may it tell,
Or Rhymeing Songster fits me too,
Whichever is preferred by you.

A poet? Never. No! Not so,
As you who've heard me full well know.
But if my work seems punk to thee,
It surely has been fun for me.

And on it I have seemed to thrive,
It has been really fun alive.
But when my airship takes its flight
I never know when I'll alight.

But to you all I'll say this word,
Advice perhaps you've never heard;
If you get nervous, cross, and tired,
If hopes and plans seem badly mired,
Just set aside a quiet time
And think your thoughts in simple rhyme.

(*Concluded on Page 82*)

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EDITORIALS

PHYSICIAN AS HOSPITAL TRUSTEE.

In the annual report of the Trustees of the Rhode Island Hospital occurs this statement, "The one hundred and seven visiting physicians, surgeons and externes, all of them medical men of experience and good standing, receive no pay whatever from the hospital, or from the hospital patients, but only from their own private patients. Most of the visiting men in the House have served as externes in the routine work of Out Patient Department Clinics and have continued their services there long after this experience in treating such cases ceased to be valuable and became a drudgery. After these years of routine work and while still continuing their free services as members of the Visiting Staff, they are entitled to the privileges of the House. Do the members of the corporation fully appreciate the value of the hospital organization which commands such an immense amount of free professional service?"

This appreciation of the work of the profession is all the more gratifying because it is unusual. There has been in all public hospitals a lack of

team work between the staff and the governing bodies, each viewing the needs of the hospital from a different standpoint and without appreciation of the intimate relation existing between them and the necessity for concerted action.

The duties of the staff should not be restricted to the care of patients under the supervision of the Trustees and controlled by rules of action formulated by them. In everything, with perhaps the exception of the financial problems of the hospital, they should be consulted and their opinion considered and there should be in all hospitals a committee of disinterested physicians to advise with the Trustees, and to serve as a medium of communication, or a professional member of the Board to represent the Staff. The gratuitous services of the profession, which represents in money a large asset to the hospital, deserves recognition. Faithful and efficient service should be rewarded and should count for more than mere priority of appointment or length of service.

The lay Trustees of any hospital cannot estimate such services satisfactorily, and this is one instance where the opinion of a disinterested professional man would be of service. Not only in the way of Staff appointments would such a committee be valuable, but questions arising concerning relations of the Staff to Interne, duties of Internes and changes in medical policies, should not be settled by the Trustees without a knowledge of the professional side of the question.

It is to be hoped that the foregoing quotation indicates an early recognition of the physician in the conduct of the hospital.

THE PROVIDENCE MEDICAL ASSOCIATION.

The annual report of the Secretary of the Providence Medical Association, as published in the February issue of the JOURNAL, at first sight presents a rather discouraging summary. The total membership is less by two active and three associate members than one year ago. This is partly explained by the fact that certain names had been carried on the membership roll as members, by a clerical error, when they were in reality not active members. However, it would seem that the Providence Medical Association should do more than hold its own, to say nothing of falling behind in membership. The city is gaining rapidly in population. An average of ten young physicians are settling here each year, and a majority of these are eligible for membership. The officers of the Association should make an effort to induce more physicians to become members, without in the least lowering the present high standard of eligibility for membership.

But the members are likewise blameworthy for a lack of interest in the affairs of the Association. As the retiring President remarked in his annual address: "The attendance is made up for the most part of the same members month after month. There are thirty-eight former officers of the Association now living, and the majority of these are rarely seen at the meetings. This is not right. Any member who has been honored by appointment to office ought to manifest his loyalty and give his support by attendance after he has retired from office. The presence of the older former officers would give much encouragement and increase the enthusiasm of the younger men." Last year the attendance averaged sixteen members less at each meeting, and the figures show that one less member entered into discussion of papers than the year before. This year there was one more meeting and two more papers presented than in 1915. It is evident that a very large attendance is to be expected only when some visiting physician of wide prominence is announced to speak. But the average meeting is well worth attending. The papers and discussion are of high quality and the standard of both improves each year. The man who criticises the character and conduct of a society is usually the man who is seldom seen at its meetings, and who rarely takes an active part in the reading and discussion of papers. A livelier interest should be manifested in the meetings of the Providence Medical Association. If every member will make an effort to attend one more meeting than has been his custom in the past, the result will be very gratifying to those who have the welfare of the Association at heart.

ILLEGAL PRACTICE OF MEDICINE.

At the risk of becoming an editorial nuisance, we wish to point out another abuse which has arisen since and as a direct result of the opera-

tion of the Workmen's Compensation Act. We refer to the practice of several manufacturing concerns, employing large numbers of workmen, of placing nurses or other insufficiently trained individuals in charge of the dispensaries which they have installed in their plants for the first-aid treatment of their employes. If the ministrations of these nurses were confined to strictly first-aid services, no cause for complaint could possibly arise, inasmuch as it is universally recognized that the proper immediate treatment of injuries is highly conducive to an early restoration of health and usefulness. But unfortunately the attendant is too often inflated with a sense of his own importance by being addressed by the workman as "Doctor" and continues treatment on succeeding days, at times to the detriment of the patient. Moreover, they are inclined to attempt medical and surgical procedures far beyond their limited knowledge. For example, a man with a foreign body in the cornea was sent to a dispensary where the nurse with misdirected zeal industriously dug at the sufferer's cornea in an effort to remove a pigment spot in the iris which she mistook for the corneal foreign body. The result was naturally disastrous. We recently had brought to our attention a case of lacerated arm treated for over three weeks by a dispensary nurse without any superivision by a physician. The result in this case was necrosis of muscles and tendons and ultimately an arm of impaired usefulness. This nurse also dispenses tonic pills during her office hours and at other times makes "professional" visits to the families of employes in the neighborhood.

Such practices are absolutely contrary to the Medical Practice Act and the corporations whose agents these nurses are lay themselves open to prosecution.

This is not in any sense to be taken as decrying the shop dispensary and attendant, provided a physician is in actual supervision of the work done and that the services of the attendant are confined to truly first-aid attention. A case receiving at the hands of the dispensary attendant such first-aid treatment should not be treated by the nurse subsequently until seen by the physician and the treatment ordered.

The State Board of Health should obtain an opinion from the Attorney General as to the liability of these attendants under the Medical Practice Act. If his opinion warrants it, the Board should exercise its police powers and place them under arrest for the illegal practice of medicine and prosecute them to the full extent of the law.

THE WORKMEN'S COMPENSATION ACT.

The pages of a Medical Journal are not, as a rule, the place for the discussion of political philosophy; but when any political philosophy begins to convert itself into acts and to write itself upon statute books in such fashion as to concern most intimately the lives of physicians and their patients, the pages of a Medical Journal are precisely the place to discuss it. The Legislature of Rhode Island is engaged in formulating for passage an amendment to the Workmen's Compensation Act in so far as that Act relates to the provision for medical attention for injured employes. Before the House Committee in Judiciary are two suggested Amendments, one of which, House Bill No. 593, has been placed before the phyisicans of Rhode Island in a circular letter sent out by the Committee of the House of Delegates of the Rhode Island Medical Society. The other proposed Amendment, House Bill No. 578, reads in part as follows: Section 5 of Article II of Chapter 831 of the Public Laws, passed at the January Session, A. D. 1912, is hereby amended so as to read as follows:

"SECTION 5. Such medical and surgical treatment, medicines, medical and surgical supplies as may be reasonably required at the time of injury and thereafter during incapacity, but not exceeding forty days, to cure and relieve from the effects of the injury, shall be provided by the employer, and in case of his neglect or refusal seasonably to do so, the employer shall be liable for reasonable expense incurred by or on behalf of the employee in providing the same; *Provided, however,* that the Superior Court shall have jurisdiction to pass upon the reasonableness of said expense and determine the amount of the same, in case of the failure of the employer and employee to agree upon said expense: *Provided, further,* that the total liability of the employer under this Section shall not exceed the sum of One Hundred Dollars."

Let us attempt to do a little clear thinking about this extraordinary Amendment. First of all, we ought to object to it because it is servile legislation proposed in the interest of a Capital-

istic political philosophy. What do we mean by such a statement? This: by *positive law* you establish in the community of Rhode Island two classes of men, employers and employees. Having done so much you then apply *compulsion* by *positive law* to one of these classes, the employees, and such *compulsion* you enforce in the last resort by the powers at the disposal of the State, namely the Superior Court. That, whatever anyone may say to the contrary, has been and is the institution of *Slavery*. Let us be clear about this whole Workmen's Compensation business, so that if, under the plea of humanitarianism, we surrender our liberty, we shall do it not with muddled brains, but with eyes wide-open. If you think that House Bill No. 578 is not to be classed as servile legislation try this experiment: substitute for the words "employer" and "employee" respectively, the words "master" and "serf," and then we think you will grasp our meaning that here is an unwarranted invasion of the liberty naturally owned by the workman to choose and to choose freely his medical attendant. If this ancient and free relation between doctor and patient is to be replaced by a *compulsory* relation, let us call the thing what it is—*slavery;* but if this ancient and free relation is to continue let us state that too, manfully, as is done in House Bill No. 593. It is time we stopped talking jargon such as "medical and surgical treatment shall be provided by the employer," and say in our Statute Book what we really mean. So much for the spirit of slavery in House Bill No. 578.

But we have other, and in principle, equally weighty objections to it. You observe that it gives to the physician no legal standing in Court or out of it. He cannot collect from the employer directly his fee for services rendered the employee. Well, if the Bill means this why not state it openly, instead of saying that in case of the employer and employee failing to agree upon said expense, the Superior Court shall determine it. If we physicians, like the workmen, are to be deprived of our rights, let us be told so plainly. But the crowning defect of this amazing Bill is this: it is proposed to make the *evasion* of payment of one's just and reasonable debts a *law* of Rhode Island. These are strong words but we say them advisedly. Suppose that an injured employee requires medical or surgical attendance for forty days at a total and reasonable cost of twenty-five dollars. The employer must pay that. But suppose that another workman requires medical or surgical attendance for forty days at a total and reasonable cost of one hundred and fifteen dollars; the employer need pay no more than one hundred dollars. And so it comes to this—that he might evade the payment of fifteen dollars because *positive law* had so declared. We think House Bill No. 578 ought to be buried unless we are willing to admit that we no longer stand by the traditions of freedom common to American men.

MEDICAL PROGRESS IN RHODE ISLAND.

The present war teaches, as it has never been taught before, the value of organized effort. From the munition plants at home to the trenches at the front all are working as parts of a definite plan. Success depends on efficiency which is the result of co-ordination of effort.

Similarly in the unending war which humanity is waging against disease the greatest advances are made when the trained troops, the medical profession, work in harmony and according to a definite plan. To the work of great clinics, under the guidance of men of especial ability and training, may be ascribed the greatest progress against the enemy. Compared with this the guerilla warfare waged by the general practitioner is of little avail.

In Rhode Island the work of the profession is distinctly lacking in the organization of effort which spells efficiency and progress. Several factors contribute to this condition. The most important of these is the absence of the unifying and stimulating influence of a local medical school. Another is the perhaps unfortunate proximity of Boston. This encourages local men to sit at the feet of their Massachusetts colleagues and gather from then new ideas and principles instead of working these out for themselves amid the wealth of material presented by the clinics of the state. In our larger hospitals there is far too little systematic study of clinical conditions by the members of the visiting staffs, too little definite working out of new methods of diagnosis and treatment. There is but little encouragement or opportunity for those who desire to take up such work and a general lack of interest and enthusiasm. The result is that on

the whole the state is woefully unproductive. Here and there may be seen in this or that special department a few enthusiasts struggling against the general lethargy. It is a pity that the larger hospitals do not make a more definite provision for the carrying on of clinical and laboratory research. Clinical material is here in abundance and men of training and enthusiasm are not lacking. By encouraging and practically providing for research the hospitals of this state will vastly increase their usefulness to the community and to mankind and will place the medical battalions of Rhode Island where they should be, in the forefront of the battle against the host of death.

A PRACTICAL MEDICAL INDEX.

The Quarterly Cumulative Index to Current Medical Literature, the 1916 volume of which has recently been published by the American Medical Association, can be recommended to the practitioner as by far the most practical means at his disposal of keeping in touch with the published work of his colleagues. In it are indexed the articles which appear in the one hundred and sixty most important medical journals both domestic and foreign. The most valuable feature of the work is its quarterly publication, each issue including and superseding those preceding it. The fourth, which appears in January, is a permanent index of the work of the preceding year. Another very satisfactory feature is the arrangement of authors and subjects in one alphabet. The physician will find this publication an adequate and complete index of his personal reading, a means of following the published work on any given subject or of any author or clinic, and a comprehensive guide to the medical literature of the world.

THE NATIONAL CRISIS.

Before these words are in print it is possible that this nation may be involved in a stupendous crisis. If such a calamity should occur, we know that every physician will be anxious to devote his energies and talents to the service of his country. We are convinced that his personal feelings or his opinions regarding the virtues of pacifism or militarism will not stand in the way of patriotic duty. It is a source of satisfaction to the profession to know that the medical resources of this country have been thoroughly investigated and the information placed at the disposal of the Surgeon General of the Army. In this work the State Committee of the Committee of American Physicians for Medical Preparedness has had its share and has carefully tabulated the data for Rhode Island. We seriously urge every physician in the state to prepare for service to our country and to be ready for duty if the call comes.

HEARING ON WORKMEN'S COMPENSATION ACT.

A hearing on amendments to the Workmen's Compensation Act was held before the Committee on Judiciary of the House of Representatives February 21, 1917. It was encouraging that some thirty-five or forty physicians from different parts of the state attended this hearing. It was very discouraging, however, that the profession of the state should be represented by so small a showing. This is the most important piece of legislation, vitally affecting the medical profession, which has come before the General Assembly of this state in many a year, and yet a mere handful of physicians take the trouble to attend a hearing on the bill. We are urging the passage of a just and much needed amendment. If this amendment fails of passage, let each physician who was not unavoidably detained from attending this hearing, take upon himself a portion of the blame.

SOCIETIES

DISTRICT SOCIETIES.

Providence Medical Association.

The regular monthly meeting of the Providence Medical Association was held at the Medical Library on February 5, 1917. The meeting was called to order by the President, Dr. F. E. Burdick, at 8:55 p. m. There were present at the meeting forty-eight members. The records of the preceding meeting were read and approved. A communication was read from the Aetna Life Insurance Company relative to the Aetna Group

Form of Physicians' Liability Policy. It was voted to refer the communication to the Standing Committee.

Dr. Richard F. McCoart, Jr., and Dr. John F. Kenney, having been approved by the Standing Committee, were elected members of the Association.

The President announced the following committees for 1917:

Collation Committee—Dr. William O. Rice and Dr. W. C. Gordon.

Publicity Committee—Dr. Roland Hammond, Dr. M. B. Milan and Dr. W. J. McCaw.

On motion of Dr. Frederick N. Brown, duly seconded, the following resolution was thereupon passed:

Resolved, That the Providence Medical Association, believing that House Bill No. 593 more nearly approaches in equity the requirements of the injured employee, the employer and the physician than the present law, or any law or amendment that has yet been examined, heartily endorses said bill and earnestly approves its passage.

Dr. F. J. Farnell announced a lecture by Walter E. Fernald, M. D., at the Medical Library on February 12, 1917, and invited the members to be present.

The paper of the evening, entitled "Empyema," was read by Dr. John W. Keefe.

The discussion was opened by Dr. F. E. Coughlin and continued by Drs. William L. Harris, Gerber, Matteson, O'Meara and G. W. Gardner.

The meeting adjourned at 10:07 p. m., A collation was served.

CHARLES O. COOKE, *Secretary.*

WOONSOCKET MEDICAL SOCIETY.

The regular monthly meeting of the Woonsocket District Medical Society was held in the parlors of the St. James Hotel, Thursday afternoon, January 11, 1917. Dr. E. B. Young of Boston read a very interesting paper on miscarriages.

Regular monthly meeting of the Woonsocket District Medical Society was held February 8, 1917, at the St. James Hotel. The paper of the afternoon was presented by Dr. De Witt G. Wilcox of Boston, entitled "Diseases Incident to the Menopause." A general discussion followed the reading of the paper, which was exceedingly interesting. Dinner was served in the dining room of the hotel.

E. F. HAMLIN, *Secretary.*

PAWTUCKET MEDICAL ASSOCIATION.

The regular monthly meeting of the Pawtucket Medical Association was held at the To Kalon Club Home, February 15, 1917, at 8:45 o'clock.

Business: Open meeting.

A. H. MERDINYAN, *Secretary.*

NEWPORT MEDICAL SOCIETY.

A meeting was held on Thursday, February 22, 1917, at 8:30 p. m., at the Historical Society rooms. The subject for discussion was "Civilian Doctors in Case of War."

MARY E. BALDWIN, M. D., *Secretary.*

SECTIONS.

Meeting of the Section in Medicine was held January 30, 1917, at the Medical Library.

Paper: "Abortive Treatment of Typhoid," by Dr. Alex M. Burgess and Dr. Elihu S. Wing.

Meeting of the Section for Diseases of Children was held January 24, 1917, at the Medical Library.

Paper: "Some Observations in Early Rachitis," by Dr. Henry E. Utter.

The twenty-eighth meeting was held in the Medical Library building, on Wednesday, February 21, 1917, at 8 p. m.

Paper: "Acidosis," by Dr. H. G. Calder.

JACOB S. KELLEY, *Secretary.*

THE RHODE ISLAND SOCIETY FOR MENTAL HYGIENE.

One of the most important facts to be kept in mind in relation to the major part of the life of a mental patient is that it takes place outside of the hospital. With this in view it is evident that the hospital becomes the sheltering place during that part of his mental upset when he is unable to adjust himself and at which place he should receive not *restraint* and management, but restoration of mental health and treatment by curative methods.

Yet, before he goes to the hospital a great deal has happened, and, too, after he leaves the hospital much will happen. It therefore behooves us to recognize the advantages which can be offered both before and after the mental breakdown. There is probably no group of cases more disturb-

ing and tiresome over such a long period of time as those called "nervous" or the mentally unbalanced. To ask our hospitals to care indefinitely for these cases seems to be rather the shifting of a burden and, nevertheless, to allow such cases to be at large without proper supervision is hardly fair to society.

Constructive economy demands that both the individual and society be protected. Prophylaxis and prevention of mental diseases are phases of the question which have roused little interest in the past. Thousands of dollars are spent every year for hardly more than the "restraint" or custodial care, not only of the insane but also the feebleminded, the delinquent and the criminal, and hardly a cent, except through private subscription, for preventive measures.

The pre-hospital care is aimed at the checking of disease in its early stages and the institution of prophylactic or preventive means. This prophylaxis, therefore, becomes intimately connected with the home, school, social and even the business life of the patient.

The post-hospital care is directed towards a full convalescence and if possible to delay or prevent a return to the hospital. Here again the mental health of the patient will bear close relation to his environment, whether it be his home, society or his vocation, and by this after-care observation both the patient and society will be safeguarded.

From the humanitarian standpoint, therefore, the Rhode Island Society for Mental Hygiene became organized to develop preventive and prophylactic measures as well as constructive work in the fields of mental disease and mental defect.

Work has begun at the Mental Hygiene Clinic where social and charity organizations throughout the State refer cases for examination and recommendation. The clinic is held every Friday evening at 272 Thayer street, case records are taken, running notes kept, clippings, and so forth, concerning the patient are filed away. Cards indexed and reports sent to the organization referring the case. It is hoped that these records will be of use as a record of the State's defectives, "bad boys," criminals, etc., and from which much information may later be obtained as to the nature of the city and State's problem in handling the moron, psychopath, and criminal.

It is hoped that such work will help towards the solution of that great problem which is now costing our State, as well as others, thousands of dollars each year.

FREDERIC J. FARNELL, M. D., *Secretary.*

HOSPITALS

PROVIDENCE LYING-IN HOSPITAL.

The following changes have recently occurred in the staff: Drs. R. H. Carver and Charles W. Higgins have resigned as visiting physicians, and Dr. John B. Ferguson has resigned as assistant visiting physician. These three gentlemen have been appointed to the consulting staff.

The staff as now constituted is as follows: Visiting physicians, Drs. H. G. Partridge, Halsey DeWolf, P. E. Fisher and W. H. Buffum; assistant visiting physicians, Drs. E. S. Brackett, I. H. Noyes, J. W. Sweeney and J. G. Walsh; anesthetist, Dr. R. C. Robinson; first assistant anesthetist, Dr. B. H. Buxton; second assistant anesthetist, Dr. E. S. Cameron; pathologist, Dr. J. A. McCann.

ST. JOSEPH'S HOSPITAL.

Annual Banquet of St. Joseph's Hospital Staff Association.

The annual banquet of St. Joseph's Hospital Staff Association was held February 13, 1917, at the University Club. Dinner was served at 8 p. m., and between fifty and sixty members and guests were present. Dr. William F. Flanagan acted as toastmaster. The speakers of the evening were Rt. Rev. Peter E. Blessing, Dr. W. Louis Chapman and Major G. Edward Buxton, Jr. Monsignor Blessing reviewed briefly the work and growth of the hospital, which is this year celebrating the twenty-fifth anniversary of its founding, and conveyed the thanks of the corporation to the staff for its efficient part in the upgrowth and present high standing of the hospital. Dr. Chapman gave a humorous sketch of the feelings of an after-dinner speaker and a serious appeal to the medical profession to offer their services to their country in case of an impending need. Major Buxton, in a clear-cut and inspiring address, which held his hearers spellbound, advanced sound and convincing arguments

for universal military training and preparedness.

The annual examination for the appointment of internes was held February 10, 1917. Samuel Isaacson, Harvard, '17, and James McLaughlin, Harvard, '17, are the appointees.

Rhode Island Hospital.

The annual examinations for interneship at the hospital were held January 27, 1917. Fifteen applicants presented themselves.

Dr. Erle D. Forrest has been appointed to the Medical Out-Patient Department as externe.

Annual Dinner of the Rhode Island Hospital Club.

The twenty-first annual dinner of the Rhode Island Hospital Club was held at the Turks Head Club, February 20, 1917. Dinner was served at 8 p. m. and was attended by about 160 members and guests. The President of the Club, Dr. Arthur T. Jones, presided and introduced as the speaker of the evening Cosmo Hamilton. Mr. Hamilton gave an intensely interesting address on "The Romance and Terror of Aerial Warfare" and regaled his hearers with amusing incidents and intimate touches of this thrilling profession.

MISCELLANEOUS

Dr. Paul Appleton has opened an office at 6 Thomas street.

Dr. M. J. O'Neil has removed his office from 665 Broad street to 399 Prairie avenue.

Dr. George A. Matteson has recently returned from hospital duty with the Harvard Surgical Unit in France, and has removed his office to 106 Waterman street.

Dr. Charles F. Gormley is now in England, where he is in the service of the British Government.

Dr. Frank T. Fulton has recently returned from an extended trip to Baltimore and Atlantic City.

Dr. James W. Leech has recently returned from a few days at Atlantic City.

LETTER TO THE EDITOR.

To the Editor:

Some of your subscribers having taken up the question of inter-State reciprocity, I am prompted to say a few words upon a subject that is very interesting to me.

There is no sound, sensible or logical reason for any State to deprive physicians of another State of the privilege of practicing their profession within its borders, provided, of course, that any physician seeking such a privilege is and has been a man of good repute and in good professional standing in his own State.

I believe that it is a matter of common knowledge among the older physicians that our Legislatures do not depend upon the knowledge or advice of its own members in framing our medical practice laws, but take their cue from the "so-called" informed gentlemen who appear before their hearing committees advocating certain restrictions and bills tending directly to curtail the privileges of physicians who desire a license to practice medicine.

While our Federal Constitution allows each State to regulate the practice of medicine within its own borders, the situation has reached a condition in intra-state medical monopoly and inter-state retaliation.

The names of numerous medical and surgical clinicians and operators of national repute might be cited as instances to prove the contention that not one of them would be allowed to "hang out his shingle" in this State, except after appearing before a board of examiners for examination, and who shall say that any of them would be able to pass the examination in all of the different branches of medicine and surgery and the lesser fundamentals?

While many of them could and would put up a creditable showing along the lines of their special work, it is very doubtful if the showing would be as creditable along the elementary and basic branches upon which the science of medicine is based; and, all of this without taking into consideration the humiliation of the position of such men, besides the non-ethical insult, thereby forced upon them.

We have been very short-sighted in these matters, and instead of attracting men of learning and great practical ability to us we have a system which invites the lesser lights, who, being fresh from college, but without practical knowledge, can pass any examination, parrot-fashion, by special preparation.

We have had a remedy within our hands for

years that would have obviated such an unjustifiable condition; for as surely as a medical legislative committee could appear before the Legislature and advocate such laws as we have, they could appear in the role of medical benefactors to their profession and by advocating a system of laws which would procure unto us a just and equitable measure, allowing such physicians as can show certain credentials the privilege of coming here within our borders and practicing their profession.

It is perhaps more or less human for a man after he has "arrived" to want to put up the bars and make the other fellow's entry as difficult as possible; one can understand such a desire, and one does not have to look far to see that just such a condition exists to-day, and that it is these things that keep down the membership, in numbers at least, in the medical societies of our states. Thousands of physicians will not be a party to such unholy piracy.

There is no more need of such conditions than there is of reviving the medical methods of a thousand years ago. Neither is there, under proper regulation, any danger, either to the profession or public, of having any undesirable, uneducated, half-equipped "doctors" getting within the lines.

Any physician of good repute in his own town or city, where he has lived and practiced for from five to ten years, can easily establish such facts before the Secretary of State or the Secretary of the State Board of Health,—but the Secretary of State should be the one to act, as he would be impartial, unbiased and would act only upon such credentials as had the endorsement of the President and Secretary of a State medical society, both from the State of issue and the State of acceptance, much as a lawyer of good repute and standing is, after three years of practice in one state, upon application, endorsed by his State Bar Association, and granted a license by courtesy by the other state.

"Oh halcyon days, when shall the short-sighted doctors see thee?" Not until the scales of prejudice and jealousy are cleaned from their eyes, and may God hasten the day when we as right minded physicians shall act for the benefit of the whole, and not for the few, as in the past.

RICHARD L. SHEA.

Chepachet, R. I., Feb. 2, 1917.

McINTIRE PRIZE.

Last year Dr. Charles McIntire resigned the secretaryship of the American Academy of Medicine after twenty-five years of faithful service. In appreciative commemoration the American Academy of Medicine decided to raise a fund, the income of which should be expended in accordance with Dr. McIntire's suggestions. As a consequence the Academy now announces two prize offers, the prizes to be awarded at the annual meetings for 1918 and 1921, respectively.

The subject for 1918 is "The Principles Governing the Physician's Compensation in the Various Forms of Social Insurance." The members of the committee to decide the relative value of the essays awarding this prize are Dr. John L. Heffron, Dean of the College of Medicine, Syracuse University; Dr. Reuben Peterson, Professor of Obstetrics and Diseases of Women, University of Michigan, and Dr. John Staige Davis, Professor of Pediatrics and Practice of Medicine, University of Virginia.

The subject for 1921 is "What Effect Has Child Labor on the Growth of the Body?" The members of the committee to award this prize are Dr. Thomas S. Arbuthnot, Dean of the Medical School of the University of Pittsburgh; Dr. Winfield Scott Hall, Professor of Physiology, Northwestern University, and Dr. James C. Wilson, Emeritus Professor, Practice of Medicine and of Clinical Medicine, Jefferson Medical College.

The conditions of the contest are:

(1) The essays are to be typewritten and in English, and the contests are to be open to everyone.

(2) Essays must contain not less than 5,000 or more than 20,000 words, exclusive of tables. They must be original and not previously published.

(3) Essays must not be signed with the true name of the writer, but are to be identified by a nom de plume or distinctive device. All essays are to reach the Secretary of the Academy on or before January 1st of the years for which the prizes are offered and are to be accompanid by a sealed envelope marked on the outside with the fictitious name or device assumed by the writer and to contain his true name inside.

(4) Each competitor must furnish four copies of his competitive essay.

(5) The envelope containing the name of the author of the winning essay will be opened by Dr. McIntire, or in his absence by the presiding officer at the annual meeting and the name of the successful contestant announced by him.

(6) The prize in 1918 for the best essay submitted according to these conditions will be $100; that of 1921 will be $250.

(7) In case there are several essays of especial merit, after awarding the prize to the best, special mention of the others will be made, and both the prize essay and those receiving special mention are to become at once the property of the Academy, probably to be published in the Journal of Sociologic Medicine. Essays not receiving a prize or special mention will be returned to the authors on application.

(8) The American Academy of Medicine reserves the right to decline to give the prize if none of the essays are of sufficient value.

The present officers of the American Academy of Medicine are: George A. Hare, M. D., Fresno, Calif., President; J. E. Tuckerman, M. D., Cleveland, President-elect; Charles McIntire, M. D., Easton, Pa., Treasurer, and Thomas Wray Grayson, M. D., 1101 Westinghouse Building, Pittsburgh, Pa., Secretary.

INSTRUMENTS FOR THE EUROPEAN WAR.

No new donations have been made since last month by the medical profession of this State. Friends outside of the profession have contributed over $60 to the instrument fund. It is proposed to start a fund for the purchase of operating knives. An appeal is also made for a fund for the purchase of thermometers. The great necessity for these thermometers is well described in the letter below. There were sent in the last shipment, one major operating set, one minor operating set, and one pocket case.

Acknowledgment for work done is gratefully made to Waite-Thresher Co., Fessenden Silver Co., R. I. Nickel Plating Co., and Fales & Jenckes Machine Co., Pawtucket.

The following extract from a letter acknowledging receipt of instruments is given as being of interest to readers:

"* * * * * * * *

"I must mention particularly the gratitude expressed for the surgical instruments. There is a great dearth of them, for they are, alas, much used, and the consequent constant sterilizing is very hard on them. Most doctors are using their own, many of them can ill afford to replace or add to them, and all such articles are keenly appreciated. There is a tremendous demand for thermometers—those that are divided into centigrade degrees; they have increased 300% in price and decreased in quality as much. In the hospitals we consider it a calamity whenever one of the men in our charge break one (cost $1.50 every time for us), and if some could be given me, they would receive a particularly warm welcome from the nurses, who bear all the brunt of the wear and tear of thermometers.

"Metallic iodine is also in great request, should it ever come your way.

"The operating rooms can make their own solutions as the need occurs—and the tincture never has time to grow old and noxious.

"Yours very gratefully,

"MARGARET GAULIN."

NEW OPERATIONS.

A surgeon in one of our hospitals who was about to transplant the peroneal tendons in a case of poliomyelitis was surprised to see his operation described on the blackboard as: "Transplantation of Perineal Tenderness."

Another surgeon in the same institution found that his endeavors, instead of being curative, as he had fondly hoped, were thought to accomplish the opposite purpose. His operation was described as: "Enlargement of Appendiceal Abscess."

MENTAL HYGIENE.

Walter E. Fernald, M. D., Superintendent Massachusetts School for Feeble-minded, spoke on "The Method of Examination of Cases of Mental Defect," Monday evening, February 12, at 8:15, at the Rhode Island Medical Library. Auspices of the Rhode Island Society for Mental Hygiene.

A REMINISCENT AND EXHIBITIVE INTERLUDE IN FEET

(CONCLUDED FROM PAGE 71)

'Twill rest your weary mind and brain
And send you back to work again.
You'll better men and doctors be,
With brain and eye more clearly see.

If lines like these your fancy meet,
Just use these same iambic feet.
If more sedately you would move,
Trochaic form you would approve.

But true it is, and goodness knows,
The rhyming habit on one grows.
And if at some not distant time
I can not talk except in rhyme,
I beg of you to patient be
In passing judgment on poor me.
And please don't use that awful name
And say I'm crazy, or insane,

But use, instead, the modern way
Of saying things that's heard to-day.
Just say he's sane as ever, but
"He's just a little off his nut."

Or say with somewhat graver air
Above his chin he's "not all there,"
Or if you must, in somber tone,
"Too bad, too bad, no one at home."

It now will cause me no surprise
If you quite keenly criticise
Construction of my crazy verse,
Which, bad enough, might still be worse.

Erratic as the flight of birds
Has been my use of many words.
And ungrammatic, doubtless, too,
At least in parts it seems to you.

But bear in mind and write it down,
We're living in a license town.
And if in peace you'd have me live,
My queersome ways you'll quite forgive.

Of course you thank me—that's for you,
I don't just know which way is true;
Perhaps because of what I've read,
Perhaps because my last words said.

But without money, without price,
Just a word of good advice.
When, adjourned, and you in pairs
Go marching down the basement stairs,
And eagerly the foodstuffs clutch,
Above all things, don't eat too much.

Tobacco! What's the use? Oh, well,
The more you smoke the worse you'll smell.
If, smoking, you can't get enough,
Augment your joy by taking snuff.

And if by morn you'd sanely think,
Keep tabs on how much beer you drink.
And when toward home you set your face,
Be sure you find the proper place.

I knew a man who had a souse,
And he picked out a neighbor's house.
The only thing that saved his life
Was absence of the neighbor's wife.
For, strange to say, and stranger is it,
She'd gone away to make a visit.

Despite your interest or your mirth,
My airship now must come to earth.
But if in future it should soar,
Perhaps I'll come and give you more,
Though you may cry, enough! enough!
Unless you write some better stuff.

I wish you health and happy cheer
To-night and all the coming year.
May this be our fraternal call
Not each for self, but one for all.

Dr. Partridge:—
As one for all, I must declare
Regret that soon you'll leave that chair.
No one has seen a single slip
In your most clever chairmanship.
Unanimous our sentiment,
You've been a bully president.
Now deeply breathe, for I am through.
Good night, good luck, and Sir to you.